

**[Your Name]**

[Street Address, City, ST ZIP Code] [phone] [e-mail]

**Objective** "[Describe your purpose.]"

**Experience in  
Health care**

[Job Title]

[Dates of employment] [Company Name], [City, ST]

- [Job responsibility/achievement]
- [Job responsibility/achievement]
- [Job responsibility/achievement]

[Job Title]

[Dates of employment] [Company Name], [City, ST]

- [Job responsibility/achievement]
- [Job responsibility/achievement]
- [Job responsibility/achievement]

[Job Title]

[Dates of employment] [Company Name], [City, ST]

- [Job responsibility/achievement]
- [Job responsibility/achievement]
- [Job responsibility/achievement]

**Healthcare  
Certificates**

"[Certificate Name]"

"[License or Certificate Number]"

"[Date of Renewal]"

"[Certificate Name]"

"[License or Certificate Number]"

"[Date of Renewal]"

**Education**

[School Name], [City, ST]

[Dates of attendance]

- [Degree obtained]
- [Special award/accomplishment or degree minor]

**Interests**

[Briefly list interests that may pertain to the type of job you want.]

**References**

References are available on request.